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CERTIFICATION OF DEPOSIT AS FIRST CLASS MAIL

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Name: Esther Lily C. Esguerra

Signature: E. C. Esguerra

Patent

Attorney's Docket No. 005699-512

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
WATERBURY, L David, et al.) Group Art Unit: 1617
Application No.: 10/043,659) Examiner: HUI, San Ming R.
Filed: January 8, 2002) ConfirmationNo: 5999
For: USE OF ARYL NITRONE)
COMPOUNDS IN METHODS FOR)
TREATING NEUROPATHIC PAIN)

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- A one-month Petition for Extension of Time is also enclosed.
- A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- Also enclosed is/are Acknowledgment Postcard.
- Small entity status is hereby claimed.
- Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

Transmittal Letter for Reply/Amendment
Attorney's Docket No. 005699-512
Application No. 10/043,659
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- [] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- No additional claim fee is required.
- [] An additional claim fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

[] A claim fee in the amount of \$_____ is enclosed.

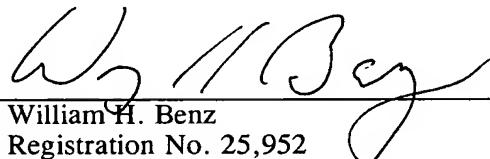
[] Charge \$_____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:


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P.O. Box 1404
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Date: May 12, 2003